

Emergency Response Rapid Discharge Orders

Patient Name: _____ Date: _____ Unit: _____

Hospital Number: _____

- ☐ Dr. _____ has determined that _____'s condition no longer requires hospital care.
- ☐ Advise patient to contact their primary physician, Dr. _____, on the next business day for follow up.
- ☐ Advise patient that if they experience any medical problems, to call _____ for follow-up instructions.

Discharge Diagnosis: _____

Discharge to: _____

Discharge Medication(s): _____

- ☐ Medications:
- Inform patient that they are to take any prescriptions provided to either an **[Insert Hospital Here]** pharmacy or to a commercial pharmacy and take as directed.
 - Give a copy of **Emergency Response Rapid Discharge Prescription Order** form.

☐ Diet: _____ Call your physician if you have any questions.

☐ Follow-up appointment: You should schedule an appointment with:

☐ If you are a new mother, call the _____ for a follow-up home visit.

Physician Signature: _____

Date: _____ Time: _____

Copy: To Patient To Medical Records